

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

17709

State File No. ....

FILED JUL 6 - 1955

BIRTH NO. ....		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>4040</u>		Registrar's No. .... <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Cole Camp</u> TOWN <u>Cole Township</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Cole Township</u> TOWN <u>Cole Township</u>		<u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location) <u>Mt Hulda</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dietreich</u>		b. (Middle) <u>V</u>		c. (Last) <u>Luetjen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>June 27th 1863</u>	
9. AGE (In years last birthday) <u>92</u>		10. IF UNDER 1 YEAR Months <u>02</u> Days <u>20</u>		10. IF UNDER 1 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Gebert Luetjen</u>		13b. MOTHER'S MAIDEN NAME <u>Meta Boetjer</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Eding Luetjen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Alfred Brockman Cole Camp Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Broken Hip</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>493X F</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cole Camp Benton Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 1955</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell</u>			
22. I hereby certify that I attended the deceased from <u>6-24-1955</u> , to <u>6-27-1955</u> , that I last saw the deceased alive on <u>6-27-1955</u> , and that death occurred at <u>1:05 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. R. Reser M.D.</u>		23b. ADDRESS <u>Cole Camp Mo</u>				23c. DATE SIGNED <u>6-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 29, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hulda Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County Mo</u>	
DATE REC'D BY LOCAL REG <u>June 28, 1955</u>		REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E L Eickhoff</u>		ADDRESS <u>Cole Camp Mo</u>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*B L Eickhoff*

Licensed Embalmer No. 730

P. O. Address \_\_\_\_\_ Cole Camp Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.